

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047723

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 187 Primary Registration District No. 200 Registrar's No. 1758

FILED DEC 19 1963

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) Springfield		c. CITY OR TOWN Springfield	
Length of stay in 1b long time		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Burge Prot. Hosp.		d. STREET ADDRESS (If outside, give location) 1016 West Crestview	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) LESLIE ROSS SMITH			4. DATE OF DEATH Month December Day 9 Year 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-14-1940	9. AGE (last birthday) 23	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student at Evanglil College		10b. KIND OF BUSINESS OR INDUSTRY Student		11. BIRTHPLACE (City and state or country) London Ontario, Canada	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Leslie W. Smith		13b. MOTHER'S MAIDEN NAME Ethel Marshall	
14. NAME OF HUSBAND OR WIFE Never Married		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Leslie W. Smith, Missouri		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Head injuries		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Car and truck accident at National and	
20c. TIME OF DEATH Hour 11:00 P. Month, Day, Year 12/9/1963		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street intersection	
20f. CITY, TOWN, OR LOCATION Springfield		COUNTY Greene		STATE Missouri	

21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at approx 11:00 P. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>Ralph H. Thieme</i> (Degree or title) Greene County Coroner	22b. ADDRESS Springfield, Missouri
22c. DATE SIGNED 12/16/1963	

23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-11-1963	23c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery	23d. LOCATION (City, town, or county) (State) Springfield, Missouri
24. FUNERAL DIRECTOR Ralph Thieme, 1200 Boonville Ave.	25. DATE RECD. BY LOCAL REG. 12-16-63	26. REGISTRAR'S SIGNATURE <i>Bernie Bradley</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	DATE AMENDED	INSTEAD OF	DOCUMENT
1	VS 300	1-2-64		
2	Rev. 4/59	1-2-64		
3	1397			
4	20397			
5	0			
6	0			
7	2			
8	2			
9	X			
10				
11	133			
12	92-3			
13				

BY AFFIDAVIT OF Funeral Director

MEDICAL CERTIFICATION

DEC 23 1963

JAN 10 1964

JAN 2 1964

12/11/63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harold Futrell

Licensed Embalmer No. 5079

P. O. Address Spfld, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.